PAIENT APPLICATION	ON FEE DETERM Xive OCYOD2(1, 20		RD		1.			
				10	10	186	428	<u>'</u>
CLAIMS A	CLAIMS AS FILED - PART I (Column 1) (Column 2)			ENTITY		OTHE	R THAN	
TOTAL.CLAIMS	Toolarius ()	(Column 2)	TYPE		OR		L ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATI		-	RATE		-
TOTAL CHARGEABLE CLAIMS	minus 20=	• •		385	HOR	BASIC FE	E2776	4
INDEPENDENT CLAIMS	minus 3 =	•	xsq		OR	xtR=		
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			+145:	∍].	OR	4390-		
If the difference in column 1 is i		•	TOTAL		OR	<u> </u>	+	1
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H the cetes in eathers -	•		+145=		OR	भीक	,	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."					`B	TOTAL		
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Application or Docket Number